

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8370

State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5462</u>		Registrar's No. <u>317</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - 2nd FRANKLIN</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - 2nd FRANKLIN</u>		0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. # 10</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 10</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EBER</u>		b. (Middle) <u>ALLEN</u>		c. (Last) <u>HAMILTON</u>	
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>1</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUC.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>25 MARCH 1881</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTERING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>S. W. HAMILTON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH GREENE</u>		14. NAME OF HUSBAND OR WIFE <u>DELLA HAMILTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-09-5139</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DELLA HAMILTON</u>		ADDRESS <u>SPEED. MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia pneumoniae</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Sclerosis Arterio Sclerosis</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>104.5</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-24-</u> , <u>1950</u> , to <u>4-1-</u> , <u>1950</u> , that I last saw the deceased alive on <u>3-29-</u> , <u>1950</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. Feller, M.D.</u>				(Degree or title)		23b. ADDRESS <u>609 Cherry Springfield Mo.</u>	
23c. DATE SIGNED <u>4-1-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellview Ceme.</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Springfield Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Landry</u>		ADDRESS <u>W. J. Landry</u>			
DATE REC'D BY LOCAL HEALTH DEPT. <u>4-3-50</u>		REGISTRAR'S SIGNATURE <u>W. J. Landry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Landry</u>		ADDRESS <u>W. J. Landry</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Opel Stone Jr.

Signed _____

Student Embalmer

Licensed Embalmer No. *4126*

P. O. Address _____

Springfield

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.